

OPTOMETRY ON TRIAL.

Roger William Riis.

IVe530



Reader's Digest

V. 31, No. 184

August, 1937

# Optometry On Trial

By

Roger William Riis

HV 2330

R  
Cop. 1

**W**EARING no glasses — and needing none — a young man went to optometrist

A, who examined his eyes and sold him a pair of spectacles. He took these to optometrist B and asked him to check them. Optometrist B said they were not the correct prescription, and made up a second pair. The man proceeded with the second pair to optometrist C, who roundly denounced them and made a third pair. These were brought to optometrist D, who brushed them aside and sold him another set. When the same thing occurred again, and was becoming a fairly monotonous process, this investigator took the glasses of both A and B to four other optometrists. All four stated that neither pair was correct for his eyes!

This happened during a nation-wide inquiry into the practices of optometrists who sell the American people nearly \$75,000,000 worth of spectacles a year. Investigators visited optometrists from coast to coast and from Canada to the Gulf, in shops on avenues of great cities, in the nation's most famous department stores, in small side-street shops and optometrical chain stores. The findings of this investigation, buttressed by facts and statistics

from other impartial sources, revealed grave abuses in the field of optometry.

There are many conscientious and skilled optometrists; men who will frankly admit their limitations when they see that the eye conditions of their visitors are beyond their abilities and training. But there are many optometrists — far too many — who blithely undertake problems beyond their training. To consult one of these, when you have serious eye trouble, may be worse than useless.

Yet, if your eyes are troubling you, the chances are you will consult an optometrist. There are 22,000 of them in the United States. Their advertising tempts you from every side. In newspapers, in pretentious shop windows, in street cars and buses, they are appealing to you with all the wiles of sales psychology.

To begin with, let us clearly understand the difference between the optometrist and the oculist. The oculist is a graduate physician who has specialized in the study of eyes. Not only is he competent to correct defects in vision, but, as a medical man, he can detect and give you timely warning of changes in the tissues of the eye caused by diabetes, kid-

ney trouble, brain tumors, arteriosclerosis and other diseases which frequently affect our power of vision.

The optometrist (literally "one who measures the eye") is not a licensed physician; indeed he is forbidden by law to practice medicine. His acknowledged function is to examine the manner in which the eye transmits or refracts light. And even this limited function calls for skill and a strictly diagnostic attitude that many optometrists do not possess.

Yet as things stand today, the optometrist assumes a triple and somewhat mixed rôle: he examines your eyes, prescribes glasses and then proceeds to sell them to you. A survey of 2800 establishments showed that 88 percent charged no fee for examination; their profit came from selling glasses.

The oculist has nothing to sell but his professional skill; if he finds that you do not need glasses, he tells you so; if he finds that you *do* need them, he gives you a prescription for them, which you take to an *optician*.\* (An optician is a craftsman skilled in grinding lenses; he does not prescribe lenses himself, but merely fills prescriptions, much as a pharma-

cist compounds the prescription of a physician.) But the optometrist, depending upon the money he makes from the sale of spectacles, is necessarily tempted to sell you glasses whether you need them or not.

If the eye were merely a refracting apparatus — something that properly-fitted glasses could correct — the optometrists would fit far better into the scheme of things. But this complicated and delicate organ is more than an arrangement of lenses existing apart from the rest of the body. The eye is a subtle barometer of general health, and is quickly affected by systemic diseases. Competent eye examination may give you notice of some such condition in time to permit early treatment. An optometrist's examination may, as our survey shows, equip you merely with a pair of futile glasses and leave you ignorant of a serious menace to your health.

The eye also has its own pathologic conditions, distinctly *not* connected with refraction. *Glaucoma*, which causes one fifth of all adult blindness, is a common disease in which the pressure within the eye becomes so greatly increased that eyesight is destroyed unless prompt medical steps are taken. The onset of glaucoma may be almost imperceptible to the patient, and even a competent eye physician sometimes has difficulty in recognizing its early symptoms.

\* Oculists usually give a patient the names of two or three dependable opticians who can be trusted to fill prescriptions accurately. After the optician has ground the lenses and delivered the spectacles, the oculist asks the patient to return to his office for a check-up on the accuracy of the lenses.

The terrible thing about glaucoma is this: the damage it does cannot be repaired! Eyesight lost from glaucoma is lost forever. It is important, therefore, that it be detected in its first stages — a task the optometrist has neither the knowledge nor ability to perform.

*Iritis* is a common eye disease in which the iris, or dilating curtain which regulates the amount of light needed for vision, becomes inflamed and may adhere to the crystalline lens. Iritis is a red flag, frequently signaling focal infection somewhere in the body; eye-glasses are *not* the answer to this condition. To correct it, medical and sometimes surgical attention is necessary, and the optometrist is incompetent to deal with this disease. Dreaded *cataract*, responsible for one out of every four cases of blindness in the general population, is a disease in which the lens of the eye loses its transparency. Glasses cannot cure cataract. Optic atrophy, and inflammation or degeneration of the retina are also fairly common.

These are only a few of the disorders, non-refractive in nature, which afflict the eye. The British Medical Association produces figures covering millions of insured persons which show that 35 percent of optometrists' patients had diseases beyond the power of optometrists to diagnose or cure! In Chicago, two thirds of 12,000 new patients coming to

eye clinics were suffering from diseases that optometrists are not competent to recognize; only one third represented conditions purely within the field of the refractionist.

Most people go to an optometrist because it is easier and, they believe, less expensive than an examination by an oculist. You can walk into an optometrist's shop without an appointment, and get an "examination" in a few minutes. But what are the results? Well, this is the subject of our present story, based upon a ten months' survey during which \$1500 worth of glasses were bought by investigators in all parts of the country.

Six individuals were used in this investigation. The first of these was Bessie, a girl of 13, with as nearly perfect eyesight as it is possible to discover. Her eyes were examined by oculists who had no glasses to sell and who were professional men of impeccable standing.

Accompanied by adults, Bessie visited optometrists of all kinds, from Boston to the Rockies. What did the optometrists say about Bessie's eyes? There was a difference of opinion among them as to whether she was farsighted or nearsighted. Some said she had astigmatism; some said she didn't. One optometrist pronounced her eyesight satisfactory, stating that he, unlike other optometrists, did not want to see

"the whole world in glasses." In one chain-store of national name, the examiner possessed only one simple optical instrument, used it less than one minute on Bessie's eyes, made no notations, yet without the slightest hesitation prescribed lenses in an expensive frame. Some of the optometrists also attempted to sell glasses to the adults accompanying her. The obvious conclusion is that these optometrists, numbering among them some of the most prominent, were more concerned with the sale of glasses than in determining the true condition of Bessie's superb eyes!

But Bessie's problem was elementary. How do optometrists handle a really *difficult* case like Mr. D.'s? Mr. D. is an attorney of established reputation who consented to take part in this investigation. He suffers from major ocular disorders. His eyes have residual signs of glaucoma in an arrested state, and also iritis. Furthermore he is cross-eyed. His usual glasses are very strong; to check the correctness of his present optical formula he was examined by three oculists in New York before he started his investigation. These three men top their profession.

Mr. D. visited 41 optometrists (not the ones who had examined Bessie's eyes) in various parts of the country. *He got not one single correct diagnosis of his eye troubles!*

To the patient exposition of his symptoms of glaucoma and iritis, 13 optometrists made no response at all. Five nodded amiably, then proceeded as if it made no difference. The remaining optometrists gave some weird explanations of Mr. D.'s ailments. One, in the optical department of a world-famous store, attributed the symptoms to "shadows" on the patient's present lenses. Another said that Mr. D.'s troubles were due to the sun and to driving. A third optometrist explained that the "cranial nerve," being at the top of the body, gets tired first; a fourth blamed it all on wrong brain patterns, or immoral thinking! A fifth stated that there are 2250 layers in a glass lens, and presumably much might go wrong with them; a sixth supplied the patient with a bottle of eyedrops which were certain to cure virtually all eye troubles, "because they came from the Mayo Clinic." Upon chemical analysis, the drops were found to consist chiefly of boric acid and camphor. Queried, the Mayo Clinic replied, "We do not furnish any firm or organization in the country with medicines or prescriptions for their use."

Forty optometrists in seemingly reputable shops were ignorant of the obvious fact that Mr. D. had "alternating squint"—a condition in which the patient's "master" eye is now left, now right. This fact is extremely important

in prescribing lenses. In one shop in a large middle western city the investigator was told that he would never have cataract if he had his eyes examined yearly, and that he would need bifocal lenses at the age of 42. Both statements are arrant nonsense. In another shop in a southern city an optometrist, after fumbling with his instruments, suddenly disappeared. His wife, who was also in the shop, explained that he had gone to the local office of the American Optical Company to "neutralize" the patient's present lenses. Patiently, he had gone to have them measured in order that he might have some idea what to prescribe himself. Lest this seem an unwarranted assumption, the resulting prescription was closest of all to the subject's present lenses.

Another was frankly bewildered by the patient's squint. At length he said, "There must be something wrong with your eyes." Commenting on Mr. D.'s present lenses, he said, "They are the funniest concoction I ever saw." The lenses had been prescribed by an oculist acknowledged to be one of the country's best. After hearing Mr. D. describe his eye-symptoms, a New York optometrist said that any conscientious eyeman would, at those symptoms, look for glaucoma. Whereupon he "looked," but pronounced the patient's eyes "perfectly healthy." Fantastic in the extreme was the

suggestion of a midwestern optometrist who advised Mr. D. to eat more liver and abstain from mayonnaise if he wished to improve his eyesight!

Two thirds of the optometrists urged tinted lenses to reduce glare and light. These lenses, which are slightly gray or purplish in hue, cost two or three dollars more than clear lenses and are of no value whatsoever in the treatment of glaucoma. In eight instances where tinted lenses were recommended and paid for, clear lenses were delivered. Eight of the optometrists stressed the desirability of expensive frames. Obviously the emphasis is on selling high-priced optical equipment rather than scientifically prescribing for eye troubles.

How suitable were the glasses prescribed for Mr. D.? It must be realized that the object of glasses is twofold: to secure better vision and to reduce the amount of energy expended by the eye in seeing. Frequently the optometrist succeeds in "sharpening up" your vision but this does not necessarily mean that his prescription is enabling you to see with a minimum expenditure of energy. Complete examination of your eyes requires that they be examined while their accommodating mechanism is at rest; this necessary repose is secured by the oculist when he uses "drops" (usually atropine or homatropine) to relax

the musculature of the eyes. But the optometrist, not permitted by law to use drugs, is severely handicapped in his effort to prescribe glasses that will achieve the double result of maximum vision with minimum energy-expenditure.

Judged on this double basis of efficiency, 24 of the 41 prescriptions given Mr. D. were found to be wrong when analyzed by oculists. The remaining 17 could be charitably considered "passable," but by no means satisfactory. It is admitted that minor variations may exist in the prescriptions of optometrists (and oculists too); such variations may be the result of honestly different judgments, and may cause no serious damage to the patient's eyes. But in Mr. D.'s case at least 24 of the prescriptions covered such a range of difference that the variations are explainable only on the basis of ignorance. No such variation was found in the prescriptions of the oculists who examined Mr. D.'s eyes.

Another abuse was uncovered. When all of Mr. D.'s finished glasses were compared with their prescriptions, less than half were found to be as prescribed! Thus the optometrists stand convicted of three types of error: first, they failed to recognize serious defects in Mr. D.'s eyes; second, not one of them prescribed indisputably correct glasses for the patient; third, more than half of the glasses

delivered did not correspond to the optometrists' own prescriptions as written!\* Is it unfair to suggest that these optometrists, numbering among them some of the best-established, were more concerned with selling glasses than serving eyesight?

But still another discovery about optometry was made. A noted oculist accompanied the writer to one optometry shop, where the title "Dr." appeared on the optometrist's sign and business card; no layman could be blamed for believing the proprietor to be an M.D. (The fact is that optometrists quite generally assume the title "Dr.," basing their claim on the degree of D.O., given by some schools of optometry. Needless to say, no optometric course of study compares even remotely, in length or scope, with that required by a medical college.) The oculist described, not once but three times, definite symptoms of brain tumor, syphilis, and glaucoma. He mentioned the characteristic fogginess and gradual closing down of his eyesight; spoke of other impair-

\* Who actually ground the lenses that went into Mr. D.'s spectacles? Only a handful of optometrists grind their own lenses. The usual practice is to have them ground by wholesale optical houses or "grinding" firms. The actual grinding is done by mechanics, who may or may not be skilled at their craft. But no matter who grinds the lenses, should not the optometrist assume responsibility for their correctness before the customer is allowed to wear them? The oculist assumes this responsibility.

ments clinically associated with brain tumor. Whereupon the "Dr." optometrist told him he had "eye-strain," sold him a pair of glasses for \$10.50 and gave him a bottle of eyewash to dispel one of the most dangerous afflictions that can beset human life!

Complications of pregnancy often manifest themselves first in the eyes. Every physician knows that such symptoms as blurring and a marked graying of vision during pregnancy may indicate acute dysfunction of the kidneys, or other grave toxemias. But the optometrist, bent on selling glasses, has neither time, disposition nor skill to uncover the source of what appears merely to be "eye trouble." The American Medical Association has a special file full of cases in which medically unadvised women, bothered by foggy vision, and applying to optometrists for relief, have narrowly escaped death from eclampsia, the most dreaded complication of pregnancy.

When Dr. W. E. Lambert was chairman of the Eye Section of the Academy of Medicine of New York he personally collected evidence of more than 50 cases of glaucoma, brain tumor and other diseases which had been overlooked by optometrists. The eye clinic of a great New York hospital reports that approximately half of the patients examined require attention other than the

provision of glasses. But to the optometrist, impaired vision is merely a matter of giving the customer "relief" by hanging lenses on his nose, usually without taking the slightest medical history or making even the shallowest physical examination. As a result, a long caravan winds into the eye clinic or oculist's office suffering from advanced cases of glaucoma, syphilis, diabetes and kidney trouble which the lenses prescribed by optometrists have had no power to retard or avert. Worse yet, the patients have had no warning of their impending fate.

Many diseases cause temporary damage to vision for which an optometrist wrongly prescribes glasses instead of going to the source of the trouble. Diabetes, for example, may cause changes in the retina. As a result the sight may be blurred, but this blurring is merely a *symptom* of the underlying disease. Glasses in such cases are about as rational as talcum powder on a cancer. But if the patient is put on a proper diet, or given insulin, the sugar content of the blood can be brought to normal and the vision can be saved, provided that the disease has not already progressed too far. This is true also of other toxemias; diseased teeth, tonsils and sinuses may cause impairment of vision which can best be remedied, not by glasses, but by removal of the toxic source.

If glasses are sold to a person (especially a child) who does not need them, the consequences fluctuate between mere discomfort and grave damage. The great focusing power of young eyes frequently leads optometrists to prescribe wrong lenses for children (too weak for farsighted eyes — too strong for nearsighted ones). The fundamental wrongness of such lenses is revealed only when "drops" are used, and the eyes are relaxed. Only in this state can an accurate and trustworthy measurement of the child's eyes be made. This, the oculist does; this, the optometrist cannot do. With wrong glasses, the child's eyes are put under a constant strain, and the focusing muscles are not permitted to relax. The child may become nervous; it may actually develop cross eyes or give up trying to use the two eyes *together*. Commonly, the eyes become habituated to glasses that they did not originally need, and many people are thus condemned to a lifelong expense and dependence on spectacles.

In adults, the harmful effects of improper glasses are chronic headache, increased irritability, fa-

tigue, poor muscular coördination, aversion to reading, nerve strain and digestive disorders — all of which may affect general efficiency, happiness and earning power.

However, it is not so much the optometrists' prescription of improper lenses, but their failure to recognize the early symptoms of major eye disease (glaucoma, iritis, cataract) — and their failure to detect in the eye signs of serious bodily disorders — that makes one question whether, for all their neon-light signs, their glistening shop windows, their persuasive advertising, they are really competent to offer eye examinations to the public.

The net result of the several investigations recounted above demonstrates that too often the optometrist is primarily interested not in diagnosing eye trouble but in selling glasses, and that the patient seeking help must beware.

Is there any remedy? Clearly the standards of the optometrists

— both in their education and practice — must be raised. The optometrists must clean their own shop if they expect to enjoy the continued confidence of

A second article, in the September Reader's Digest, will deal with the education of the optometrists, and their attempts to encroach upon the medical profession. It will also discuss the constructive agencies which might be erected to improve a situation of extreme seriousness for the average citizen in this most-bespectacled nation in the world.

the public. There are, within the ranks of the optometrists themselves, a considerable body of men who wish to raise the standards of their craft, to root out flagrant commercialism and un-

ethical practices. In the high councils of optometry these men, aware of their responsibilities, are advocating reforms which will be discussed in the succeeding article.



## *Discovering America—I*

¶ IN southeast Oregon — remote, still untouched by highroad or railroad — live colonies of Basques, following their ancestral occupation of shepherding. Most of the youngsters — the third generation in this country — have the true wedge-shaped Basque face. They dance American dances, but their native folk dances too, intricate movements in which their feet fairly talk. And on a Sunday there are to be seen in the villages dashing vaqueros with fringed chaps, tilted sombreros, and bright sashes, and young ladies in brilliant native costume, giving the frontier a touch of the Spanish Pyrenees.

¶ IN SOME of the Great Lakes States, wherever you pass a tidy little farm and notice a small, strange-looking stone or frame building, it's a good guess that a Finlander lives there and that the little building is his family bathhouse, patterned after those in "the old country." It has two rooms: dressing room and steam-room. In the latter are three tiers of benches where one can vary the degree of heat by perching on the first, second or third roost. Live steam is furnished by throwing water with a whisk broom onto heated rocks. After much sweating, coupled with rubbing in Epsom salts, or whipping the body with a leafy branch, the bath is completed by a shower or a plunge in the lake.

— Dan A. Wallace in *The Country Home Magazine*

¶ YEARS AGO the Dutch, migrating westward, found in the great marsh between Detroit and Chicago a paradise approaching in every detail their own homeland. Draining the swamps, they built homes on the dried hummocks and laid the foundations of Michigan's Dutch communities. There today the housewives, wearing wooden shoes, scrub the sidewalks each morning and clean the streets to the middle in front of their homes. Annually in Zeeland hundreds of thousands of tulip bulbs are planted, and when they bloom, the city is scrubbed until it shines, and the entire citizenry dons old-time Dutch costume for a week of celebration.

— L. B. Reber in *The Rural New Yorker*

## *Our Rolling Civilization*

THE ODDEST cathedral in the world is being planned by the Right Reverend Henry Wise Hobson, youngest Protestant Episcopal bishop in America, who, with the hearty consent of his diocesan conference, will raze Cincinnati's historic St. Paul's Cathedral and substitute for it an automobile trailer bearing the name St. Paul's Wayside Cathedral. It will contain the bishop's chair, signifying it is a cathedral in fact though unorthodox in design, an altar, a library and motion picture equipment. Though only 24 people can be seated in the trailer, the rear end will open out and a loud-speaker system will make large outdoor services possible. Bishop Hobson feels that his cathedral on wheels will have two advantages: it will bring the church to the people where hitherto the church had to wait for them to come to it, and it will greatly improve service to the missions.

—*Pathfinder*

ONE OF the greatest needs of sparsely settled areas of the United States — a first-class dentist — is now supplied by the trailer dentist's office, which parks at crossroads or at one's door. One of the first was built to order for Dr. Freeman L. Blunt of Albert Lea, Minn.; it has a waiting room, a laboratory equipped for making artificial teeth and inlays, and an operating room with hot and cold running water. The whole is air-conditioned, and sound-proofed for the benefit of patients in the waiting room. Trailer dentists' offices are also used by the Indiana State Board of Health to provide clinical service for children in small towns.

—*Business Week*

AN AUTO TRAILER motion picture theater is being sent out by the Wisconsin Board of Health to give maternal and child health information to expectant mothers in rural districts. And two trailer clinics, one containing portable X-ray and laboratory equipment, the other complete laboratory equipment, are traveling Oklahoma's byways, bringing modern medical service to farming communities.

—*Associated Press*

Reader's Digest v. 31 - No. 185  
Sept 1937 Optometry On Trial

An Editorial Interlude

(See Inside Front Cover)

TELEGRAMS, long-distance calls, pamphlets on optometry, and letters by the hundreds have reached The Reader's Digest following publication last month of "Optometry On Trial," by Roger William Riis. They come from physicians, oculists, optometrists, opticians, Better Business Bureaus, state officials, and laymen. Their quantity, the intensity of feeling they express, the information they contain and the wide divergence of their opinions all show that "Optometry On Trial" served to bring into the open a contemporary controversy of considerable public importance that had hitherto been little mentioned outside professional circles.

Because Mr. Riis in his first article dealt with the frankly commercial side of optometry, scores of optometrists bitterly charge him and The Reader's Digest with unfairness. Writes one, from Pennsylvania:

For years my admiration for your editorial impartiality has steadily increased. But that is gone. "Optometry On Trial" has trampled my illusions into the mire, slapped me in the face and insulted my intelligence.

Mr. Riis's article oversteps all limits of decency and good taste. A more biased, a more slanderous article I

have never as yet read. It contains numerous errors of fact, and is overloaded with half-truths. I classify it as nothing more than pure, unadulterated propaganda for a group of starving oculists, who have steadily throughout the last few years been waging a losing battle to hold the goodwill of the public in competition with the growing profession of optometry.

On the other hand, the head of the Department of Ophthalmology in a Pennsylvania hospital writes, "The facts in your article are all true and fairly stated, and should do an immense amount of good in dispelling public ignorance on a matter of primary importance." A prominent New York optician calls the article "a splendid treatise, containing information vitally needed by the public"; and a San Francisco physician says of it: "An excellent bit of fact finding that needed writing up for a long time. It should be brought to the attention of legislators in every state."

Says a Chicago oculist, "I can heartily endorse, from the records of my own practice, every statement as correct, and essential to public knowledge of an ominous problem." And a New Haven doctor adds, "In presenting this

open a hot door, Mother, you'll never reach their rooms." And that is precisely why the average home would benefit from an occasional fire drill. The actual details of egress will have to be formulated with regard to individual conditions. If there is a secondary exit — a rear or side stairway which can be reached without going through the main hall upstairs — use it in your periodic fire drill. If not, it may be that Tommy and Sue can go out on the porch roof and slide down into the garden, but that Aunt Harriet had better stay where she is until Friend Husband or a neighbor can put up a ladder to her window. The ladder, of course, must be in a convenient location, and always kept there.

One family of my acquaintance has a house with the maid's room in an annex with a separate stairway. From the end room they can call to the maid, who has been drilled to go down her stairway and outdoors, raise a ladder to the child's room, with which the others connect, and let the family out via that window. There is even a pair of shears in a bag tied to the ladder so the maid can cut the window screen from the outside. This is the finest kind of

common sense. If every household made similar plans for emergency exit, there would be a big drop in our annual toll of fire deaths. But above all, do the things suggested, don't just talk them over; for calm rehearsal is your very best guarantee that you will do the right thing when you have to some time in the future.

Obviously, it would be still better if householders would equip their dwellings with some sort of automatic alarm or if they would install domestic sprinklers in at least the basement and kitchen. But such devices cost money; whereas the fire drill at home won't cost a nickel, yet promises incalculable return.

Let me repeat — two thirds of our fire deaths occur in dwellings mainly because the occupants don't know how to get out of a burning building. The answer seems to be that if periodic drills can safely evacuate 3000 children in less than three minutes from a burning school building, as they did the other day when a rather smoky fire broke out in a local school, then periodic drills ought to enable a family of five to escape from a two- or three-story house even in the face of belated discovery of fire.



*This is the final test of a gentleman: His respect for those who can be of no possible service to him.* — William Lyon Phelps

comprehensive review of the facts, you have performed a public service of inestimable value."

Yet a New Jersey optometrist, typifying the opinions of numberless others, calls Mr. Riis's article "A lying, dirty bit of pro-medical propaganda, ignoring the fact that any broken-down doctor, who has had only 40 to 60 hours' university study of the eye, can hang out his shingle as an oculist without any state examination, while a modern optometrist must qualify in a three-year course at college and pass a state board examination."

A letter from one ophthalmologist bears on the latter point:

Today optometrists are going just as far as they can fight their way. Witness a recent bill before the Pennsylvania Legislature which would enable them to diagnose and treat diseases of the eye on an equality with any physician. They argue that nowadays an optometrist spends more time in school studying the eye alone than does the physician, which in some cases is true perhaps in figures, since they give no credit to the physician's premedical education, or the years he spends on the general medicine of the whole body, and in interning. And I must admit that some honest optometrists know more about fitting glasses than do a lot of general physicians. But don't forget that there are optometrists practicing today who have had only the sketchiest of education, some even being "diploma mill" graduates.

The following comes from a Director of Sight-Saving Classes in a populous state: "I commend you for your courage in bringing this vital matter to public attention. There are few fields where popular ignorance is so profound and the need of enlightenment so great. I speak from experience, having responsibility for the conservation of vision in our public schools, where we find that we cannot rely upon examination by optometrists to detect pathological conditions. I appreciate highly the great service which your article has rendered to the children of this generation as well as to the adults."

Indicative both of the gravity of the problem and of the hope that there is a way out are two comments coming from officially qualified spokesmen of the optometrists.

The first is written by an instructor in optometry and officer of the Ohio State Optometric Association, who subtly criticizes the article in various ways, but says in addition:

I want to thank The Reader's Digest for publishing this exposé of the methods of the commercial elements in optometry which we are doing everything in our power to stamp out. If this teaches your readers that some of the optometrists in the "shops on avenues, in the nation's most famous department stores, in small side-street shops and optometrical chain

## THE READER'S DIGEST

stores" are outcasts in their own group and are now the subject of legal action in many states, it will have served a most valuable purpose.

The optometrist or any other professional man who is forced to rely upon advertising, shop windows and "wiles of sales psychology" is a discredit to his profession and a potential menace to the public. The fact that 88 percent of those investigated made no charge for their services shows the class covered by the investigation. The same results could have been obtained a few years ago in most states by investigating the advertising dental offices to be found in the larger cities.

Optometry realizes its problems and is hard at work solving them. Unfortunately, we are fighting not only our own commercial element, but the newspapers and the big chain and department store interests whose profits are at stake.

While thanking you for the good work you have done, may I request that you investigate the other side of the question, and give your readers a picture of the great body of honest, ethical optometrists in private practice rendering, and charging for, a visual service — men who are skilled in the recognition of diseased conditions which they refer to their medical associates, and who furnish lenses only when required by the patient's condition?

An editorial in *The Optical Journal and Review of Optometry* criticizes the article as containing

misstatements and exaggerations, but remarks also:

After all, there is truth in the article and with that we should be concerned. Optometry *knows* there are abuses in her field. She knows she has her share of incompetents, just as have medicine, dentistry, and law. The article admits that there are many conscientious and skilled optometrists and that within optometry there are a considerable body of men who are trying to root out commercialism.

Optometry is cleaning house. Educational standards have been raised and will go higher. Success is being steadily won in stamping out commercialism and unethical practices. Optometry is in the courts every day and storming the halls of legislatures, seeking relief from the corporate interests that are her greatest blight. In the light of all this, it seems the part of wisdom for optometry to look upon The Reader's Digest article as a spur, cruelly applied, which will accelerate her own movement for complete professionalization.

Yes, optometry is on trial. But optometry is not on trial in the pages of a magazine. She stands before the supreme court of Public Opinion, before which she has justified her existence up to the present. And with that great court she rests her case.

Since the issue is to be decided by public opinion, we believe the public will want to hear the further testimony in the case, to be presented by Mr. Riis next month.



*Reader's Digest*  
2.31 No. 184 - August 1937.  
**Optometry On Trial**

By

*Roger William Riis*

**W**EARING no glasses — and needing none — a young man went to optometrist A, who examined his eyes and sold him a pair of spectacles. He took these to optometrist B and asked him to check them. Optometrist B said they were not the correct prescription, and made up a second pair. The man proceeded with the second pair to optometrist C, who roundly denounced them and made a third pair. These were brought to optometrist D, who brushed them aside and sold him another set. When the same thing occurred again, and was becoming a fairly monotonous process, this investigator took the glasses of both A and B to four other optometrists. All four stated that neither pair was correct for his eyes!

This happened during a nation-wide inquiry into the practices of optometrists who sell the American people nearly \$75,000,000 worth of spectacles a year. Investigators visited optometrists from coast to coast and from Canada to the Gulf, in shops on avenues of great cities, in the nation's most famous department stores, in small side-street shops and optometrical chain stores. The findings of this investigation, buttressed by facts and statistics

from other impartial sources, revealed grave abuses in the field of optometry.

There are many conscientious and skilled optometrists; men who will frankly admit their limitations when they see that the eye conditions of their visitors are beyond their abilities and training. But there are many optometrists — far too many — who blithely undertake problems beyond their training. To consult one of these, when you have serious eye trouble, may be worse than useless.

Yet, if your eyes are troubling you, the chances are you will consult an optometrist. There are 22,000 of them in the United States. Their advertising tempts you from every side. In newspapers, in pretentious shop windows, in street cars and buses, they are appealing to you with all the wiles of sales psychology.

To begin with, let us clearly understand the difference between the optometrist and the oculist. The oculist is a graduate physician who has specialized in the study of eyes. Not only is he competent to correct defects in vision, but, as a medical man, he can detect and give you timely warning of changes in the tissues of the eye caused by diabetes, kid-

ney trouble, brain tumors, arteriosclerosis and other diseases which frequently affect our power of vision.

The optometrist (literally "one who measures the eye") is not a licensed physician; indeed he is forbidden by law to practice medicine. His acknowledged function is to examine the manner in which the eye transmits or refracts light. And even this limited function calls for skill and a strictly diagnostic attitude that many optometrists do not possess.

Yet as things stand today, the optometrist assumes a triple and somewhat mixed rôle: he examines your eyes, prescribes glasses and then proceeds to sell them to you. A survey of 2800 establishments showed that 88 percent charged no fee for examination; their profit came from selling glasses.

The oculist has nothing to sell but his professional skill; if he finds that you do not need glasses, he tells you so; if he finds that you *do* need them, he gives you a prescription for them, which you take to an *optician*.\* (An optician is a craftsman skilled in grinding lenses; he does not prescribe lenses himself, but merely fills prescriptions, much as a pharma-

cist compounds the prescription of a physician.) But the optometrist, depending upon the money he makes from the sale of spectacles, is necessarily tempted to sell you glasses whether you need them or not.

If the eye were merely a refracting apparatus — something that properly-fitted glasses could correct — the optometrists would fit far better into the scheme of things. But this complicated and delicate organ is more than an arrangement of lenses existing apart from the rest of the body. The eye is a subtle barometer of general health, and is quickly affected by systemic diseases. Competent eye examination may give you notice of some such condition in time to permit early treatment. An optometrist's examination may, as our survey shows, equip you merely with a pair of futile glasses and leave you ignorant of a serious menace to your health.

The eye also has its own pathologic conditions, distinctly *not* connected with refraction. *Glaucoma*, which causes one fifth of all adult blindness, is a common disease in which the pressure within the eye becomes so greatly increased that eyesight is destroyed unless prompt medical steps are taken. The onset of glaucoma may be almost imperceptible to the patient, and even a competent eye physician sometimes has difficulty in recognizing its early symptoms.

\* Oculists usually give a patient the names of two or three dependable opticians who can be trusted to fill prescriptions accurately. After the optician has ground the lenses and delivered the spectacles, the oculist asks the patient to return to his office for a check-up on the accuracy of the lenses.

The terrible thing about glaucoma is this: the damage it does cannot be repaired! Eyesight lost from glaucoma is lost forever. It is important, therefore, that it be detected in its first stages — a task the optometrist has neither the knowledge nor ability to perform.

*Iritis* is a common eye disease in which the iris, or dilating curtain which regulates the amount of light needed for vision, becomes inflamed and may adhere to the crystalline lens. Iritis is a red flag, frequently signaling focal infection somewhere in the body; eyeglasses are *not* the answer to this condition. To correct it, medical and sometimes surgical attention is necessary, and the optometrist is incompetent to deal with this disease. Dreaded *cataract*, responsible for one out of every four cases of blindness in the general population, is a disease in which the lens of the eye loses its transparency. Glasses cannot cure cataract. Optic atrophy, and inflammation or degeneration of the retina are also fairly common.

These are only a few of the disorders, non-refractive in nature, which afflict the eye. The British Medical Association produces figures covering millions of insured persons which show that 35 percent of optometrists' patients had diseases beyond the power of optometrists to diagnose or cure! In Chicago, two thirds of 12,000 new patients coming to

eye clinics were suffering from diseases that optometrists are not competent to recognize; only one third represented conditions purely within the field of the refractionist.

Most people go to an optometrist because it is easier and, they believe, less expensive than an examination by an oculist. You can walk into an optometrist's shop without an appointment, and get an "examination" in a few minutes. But what are the results? Well, this is the subject of our present story, based upon a ten months' survey during which \$1500 worth of glasses were bought by investigators in all parts of the country.

Six individuals were used in this investigation. The first of these was Bessie, a girl of 13, with as nearly perfect eyesight as it is possible to discover. Her eyes were examined by oculists who had no glasses to sell and who were professional men of impeccable standing.

Accompanied by adults, Bessie visited optometrists of all kinds, from Boston to the Rockies. What did the optometrists say about Bessie's eyes? There was a difference of opinion among them as to whether she was farsighted or nearsighted. Some said she had astigmatism; some said she didn't. One optometrist pronounced her eyesight satisfactory, stating that he, unlike other optometrists, did not want to see

"the whole world in glasses." In one chain-store of national name, the examiner possessed only one simple optical instrument, used it less than one minute on Bessie's eyes, made no notations, yet without the slightest hesitation prescribed lenses in an expensive frame. Some of the optometrists also attempted to sell glasses to the adults accompanying her. The obvious conclusion is that these optometrists, numbering among them some of the most prominent, were more concerned with the sale of glasses than in determining the true condition of Bessie's superb eyes!

But Bessie's problem was elementary. How do optometrists handle a really *difficult* case like Mr. D.'s? Mr. D. is an attorney of established reputation who consented to take part in this investigation. He suffers from major ocular disorders. His eyes have residual signs of glaucoma in an arrested state, and also iritis. Furthermore he is cross-eyed. His usual glasses are very strong; to check the correctness of his present optical formula he was examined by three oculists in New York before he started his investigation. These three men top their profession.

Mr. D. visited 41 optometrists (not the ones who had examined Bessie's eyes) in various parts of the country. *He got not one single correct diagnosis of his eye troubles!*

To the patient exposition of his symptoms of glaucoma and iritis, 13 optometrists made no response at all. Five nodded amiably, then proceeded as if it made no difference. The remaining optometrists gave some weird explanations of Mr. D.'s ailments. One, in the optical department of a world-famous store, attributed the symptoms to "shadows" on the patient's present lenses. Another said that Mr. D.'s troubles were due to the sun and to driving. A third optometrist explained that the "cranial nerve," being at the top of the body, gets tired first; a fourth blamed it all on wrong brain patterns, or immoral thinking! A fifth stated that there are 2250 layers in a glass lens, and presumably much might go wrong with them; a sixth supplied the patient with a bottle of eyedrops which were certain to cure virtually all eye troubles, "because they came from the Mayo Clinic." Upon chemical analysis, the drops were found to consist chiefly of boric acid and camphor. Queried, the Mayo Clinic replied, "We do not furnish any firm or organization in the country with medicines or prescriptions for their use."

Forty optometrists in seemingly reputable shops were ignorant of the obvious fact that Mr. D. had "alternating squint"—a condition in which the patient's "master" eye is now left, now right. This fact is extremely important

in prescribing lenses. In one shop in a large middle western city the investigator was told that he would never have cataract if he had his eyes examined yearly, and that he would need bifocal lenses at the age of 42. Both statements are arrant nonsense. In another shop in a southern city an optometrist, after fumbling with his instruments, suddenly disappeared. His wife, who was also in the shop, explained that he had gone to the local office of the American Optical Company to "neutralize" the patient's present lenses. Patently, he had gone to have them measured in order that he might have some idea what to prescribe himself. Lest this seem an unwarranted assumption, the resulting prescription was closest of all to the subject's present lenses.

Another was frankly bewildered by the patient's squint. At length he said, "There must be something wrong with your eyes." Commenting on Mr. D.'s present lenses, he said, "They are the funniest concoction I ever saw." The lenses had been prescribed by an oculist acknowledged to be one of the country's best. After hearing Mr. D. describe his eye-symptoms, a New York optometrist said that any conscientious eyeman would, at those symptoms, look for glaucoma. Whereupon he "looked," but pronounced the patient's eyes "perfectly healthy." Fantastic in the extreme was the

suggestion of a midwestern optometrist who advised Mr. D. to eat more liver and abstain from mayonnaise if he wished to improve his eyesight!

Two thirds of the optometrists urged tinted lenses to reduce glare and light. These lenses, which are slightly gray or purplish in hue, cost two or three dollars more than clear lenses and are of no value whatsoever in the treatment of glaucoma. In eight instances where tinted lenses were recommended and paid for, clear lenses were delivered. Eight of the optometrists stressed the desirability of expensive frames. Obviously the emphasis is on selling high-priced optical equipment rather than scientifically prescribing for eye troubles.

How suitable were the glasses prescribed for Mr. D.? It must be realized that the object of glasses is twofold: to secure better vision and to reduce the amount of energy expended by the eye in seeing. Frequently the optometrist succeeds in "sharpening up" your vision but this does not necessarily mean that his prescription is enabling you to see with a minimum expenditure of energy. Complete examination of your eyes requires that they be examined while their accommodating mechanism is at rest; this necessary repose is secured by the oculist when he uses "drops" (usually atropine or homatropine) to relax

the musculature of the eyes. But the optometrist, not permitted by law to use drugs, is severely handicapped in his effort to prescribe glasses that will achieve the double result of maximum vision with minimum energy-expenditure.

Judged on this double basis of efficiency, 24 of the 41 prescriptions given Mr. D. were found to be wrong when analyzed by oculists. The remaining 17 could be charitably considered "passable," but by no means satisfactory. It is admitted that minor variations may exist in the prescriptions of optometrists (and oculists too); such variations may be the result of honestly different judgments, and may cause no serious damage to the patient's eyes. But in Mr. D.'s case at least 24 of the prescriptions covered such a range of difference that the variations are explainable only on the basis of ignorance. No such variation was found in the prescriptions of the oculists who examined Mr. D.'s eyes.

Another abuse was uncovered. When all of Mr. D.'s finished glasses were compared with their prescriptions, less than half were found to be as prescribed! Thus the optometrists stand convicted of three types of error: first, they failed to recognize serious defects in Mr. D.'s eyes; second, not one of them prescribed indisputably correct glasses for the patient; third, more than half of the glasses

delivered did not correspond to the optometrists' own prescriptions as written!\* Is it unfair to suggest that these optometrists, numbering among them some of the best-established, were more concerned with selling glasses than serving eyesight?

But still another discovery about optometry was made. A noted oculist accompanied the writer to one optometry shop, where the title "Dr." appeared on the optometrist's sign and business card; no layman could be blamed for believing the proprietor to be an M.D. (The fact is that optometrists quite generally assume the title "Dr.," basing their claim on the degree of D.O., given by some schools of optometry. Needless to say, no optometric course of study compares even remotely, in length or scope, with that required by a medical college.) The oculist described, not once but three times, definite symptoms of brain tumor, syphilis, and glaucoma. He mentioned the characteristic fogginess and gradual closing down of his eyesight; spoke of other impair-

\* Who actually ground the lenses that went into Mr. D.'s spectacles? Only a handful of optometrists grind their own lenses. The usual practice is to have them ground by wholesale optical houses or "grinding" firms. The actual grinding is done by mechanics, who may or may not be skilled at their craft. But no matter who grinds the lenses, should not the optometrist assume responsibility for their correctness before the customer is allowed to wear them? The oculist assumes this responsibility.

ments clinically associated with brain tumor. Whereupon the "Dr." optometrist told him he had "eye-strain," sold him a pair of glasses for \$10.50 and gave him a bottle of eyewash to dispel one of the most dangerous afflictions that can beset human life!

Complications of pregnancy often manifest themselves first in the eyes. Every physician knows that such symptoms as blurring and a marked graying of vision during pregnancy may indicate acute dysfunction of the kidneys, or other grave toxemias. But the optometrist, bent on selling glasses, has neither time, disposition nor skill to uncover the source of what appears merely to be "eye trouble." The American Medical Association has a special file full of cases in which medically unadvised women, bothered by foggy vision, and applying to optometrists for relief, have narrowly escaped death from eclampsia, the most dreaded complication of pregnancy.

When Dr. W. E. Lambert was chairman of the Eye Section of the Academy of Medicine of New York he personally collected evidence of more than 50 cases of glaucoma, brain tumor and other diseases which had been overlooked by optometrists. The eye clinic of a great New York hospital reports that approximately half of the patients examined require attention other than the

provision of glasses. But to the optometrist, impaired vision is merely a matter of giving the customer "relief" by hanging lenses on his nose, usually without taking the slightest medical history or making even the shallowest physical examination. As a result, a long caravan winds into the eye clinic or oculist's office suffering from advanced cases of glaucoma, syphilis, diabetes and kidney trouble which the lenses prescribed by optometrists have had no power to retard or avert. Worse yet, the patients have had no warning of their impending fate.

Many diseases cause temporary damage to vision for which an optometrist wrongly prescribes glasses instead of going to the source of the trouble. Diabetes, for example, may cause changes in the retina. As a result the sight may be blurred, but this blurring is merely a *symptom* of the underlying disease. Glasses in such cases are about as rational as talcum powder on a cancer. But if the patient is put on a proper diet, or given insulin, the sugar content of the blood can be brought to normal and the vision can be saved, provided that the disease has not already progressed too far. This is true also of other toxemias; diseased teeth, tonsils and sinuses may cause impairment of vision which can best be remedied, not by glasses, but by removal of the toxic source.

If glasses are sold to a person (especially a child) who does not need them, the consequences fluctuate between mere discomfort and grave damage. The great focusing power of young eyes frequently leads optometrists to prescribe wrong lenses for children (too weak for farsighted eyes — too strong for nearsighted ones). The fundamental wrongness of such lenses is revealed only when "drops" are used, and the eyes are relaxed. Only in this state can an accurate and trustworthy measurement of the child's eyes be made. This, the oculist does; this, the optometrist cannot do. With wrong glasses, the child's eyes are put under a constant strain, and the focusing muscles are not permitted to relax. The child may become nervous; it may actually develop cross eyes or give up trying to use the two eyes *together*. Commonly, the eyes become habituated to glasses that they did not originally need, and many people are thus condemned to a lifelong expense and dependence on spectacles.

In adults, the harmful effects of improper glasses are chronic headache, increased irritability, fa-

tigue, poor muscular coördination, aversion to reading, nerve strain and digestive disorders — all of which may affect general efficiency, happiness and earning power.

However, it is not so much the optometrists' prescription of improper lenses, but their failure to recognize the early symptoms of major eye disease (glaucoma, iritis, cataract) — and their failure to detect in the eye signs of serious bodily disorders — that makes one question whether, for all their neon-light signs, their glistening shop windows, their persuasive advertising, they are really competent to offer eye examinations to the public.

The net result of the several investigations recounted above demonstrates that too often the optometrist is primarily interested not in diagnosing eye trouble but in selling glasses, and that the patient seeking help must beware.

Is there any remedy? Clearly the standards of the optometrists

— both in their education and practice — must be raised. The optometrists must clean their own shop if they expect to enjoy the continued confidence of

A second article, in the September Reader's Digest, will deal with the education of the optometrists, and their attempts to encroach upon the medical profession. It will also discuss the constructive agencies which might be erected to improve a situation of extreme seriousness for the average citizen in this most-bespectacled nation in the world.

the public. There are, within the ranks of the optometrists themselves, a considerable body of men who wish to raise the standards of their craft, to root out flagrant commercialism and un-

ethical practices. In the high councils of optometry these men, aware of their responsibilities, are advocating reforms which will be discussed in the succeeding article.



## *Discovering America—I*

**¶** IN southeast Oregon — remote, still untouched by highroad or railroad — live colonies of Basques, following their ancestral occupation of shepherding. Most of the youngsters — the third generation in this country — have the true wedge-shaped Basque face. They dance American dances, but their native folk dances too, intricate movements in which their feet fairly talk. And on a Sunday there are to be seen in the villages dashing vaqueros with fringed chaps, tilted sombreros, and bright sashes, and young ladies in brilliant native costume, giving the frontier a touch of the Spanish Pyrenees.

**¶** IN SOME of the Great Lakes States, wherever you pass a tidy little farm and notice a small, strange-looking stone or frame building, it's a good guess that a Finlander lives there and that the little building is his family bathhouse, patterned after those in "the old country." It has two rooms: dressing room and steam-room. In the latter are three tiers of benches where one can vary the degree of heat by perching on the first, second or third roost. Live steam is furnished by throwing water with a whisk broom onto heated rocks. After much sweating, coupled with rubbing in Epsom salts, or whipping the body with a leafy branch, the bath is completed by a shower or a plunge in the lake.

— Dan A. Wallace in *The Country Home Magazine*

**¶** YEARS AGO the Dutch, migrating westward, found in the great marsh between Detroit and Chicago a paradise approaching in every detail their own homeland. Draining the swamps, they built homes on the dried hummocks and laid the foundations of Michigan's Dutch communities. There today the housewives, wearing wooden shoes, scrub the sidewalks each morning and clean the streets to the middle in front of their homes. Annually in Zeeland hundreds of thousands of tulip bulbs are planted, and when they bloom, the city is scrubbed until it shines, and the entire citizenry dons old-time Dutch costume for a week of celebration.

— L. B. Reber in *The Rural New Yorker*

## *Our Rolling Civilization*

THE ODDEST cathedral in the world is being planned by the Right Reverend Henry Wise Hobson, youngest Protestant Episcopal bishop in America, who, with the hearty consent of his diocesan conference, will raze Cincinnati's historic St. Paul's Cathedral and substitute for it an automobile trailer bearing the name St. Paul's Wayside Cathedral. It will contain the bishop's chair, signifying it is a cathedral in fact though unorthodox in design, an altar, a library and motion picture equipment. Though only 24 people can be seated in the trailer, the rear end will open out and a loud-speaker system will make large outdoor services possible. Bishop Hobson feels that his cathedral on wheels will have two advantages: it will bring the church to the people where hitherto the church had to wait for them to come to it, and it will greatly improve service to the missions.

— *Pioneer*

ONE OF the greatest needs of sparsely settled areas of the United States — a first-class dentist — is now supplied by the trailer dentist's office, which parks at crossroads or at one's door. One of the first was built to order for Dr. Freeman L. Blunt of Albert Lea, Minn.; it has a waiting room, a laboratory equipped for making artificial teeth and inlays, and an operating room with hot and cold running water. The whole is air-conditioned, and sound-proofed for the benefit of patients in the waiting room. Trailer dentists' offices are also used by the Indiana State Board of Health to provide clinical service for children in small towns.

— *Business Week*

AN AUTO TRAILER motion picture theater is being sent out by the Wisconsin Board of Health to give maternal and child health information to expectant mothers in rural districts. And two trailer clinics, one containing portable X-ray and laboratory equipment, the other complete laboratory equipment, are traveling Oklahoma's byways, bringing modern medical service to farming communities.

— *Associated Press*

## Optometry on Trial — II

By

Roger William Riis

THE OPENING ARTICLE in this series (August, '37) was the report of a nation-wide investigation of optometry establishments. In this survey, our single concern was the care of the public's eyesight.

The more important discoveries made by the investigators at the places visited were:

That in their own special province of refraction — or correction of visual defects with lenses — many of the optometrists visited did not prescribe correctly

That many of those visited failed to take note of diseased conditions of the eyes

That their prime interest was the selling of glasses rather than providing conscientious professional service

The heated correspondence (see September issue) which followed the article brought to light a long-standing controversy between optometrists and medical men. They divide the care of our eyesight between them, but cannot agree as to how the division should be made. In this controversy we take no sides. The public interest is paramount.

In an avalanche of letters optometrists now reiterate that there are many well-trained, ethical men in their own ranks, and that the

same methods of investigation, if applied to oculists,<sup>1</sup> would bring to light similar abuses.

To some extent; but that isn't the question. The question is whether the public, which spends some \$75,000,000 a year for spectacles, is getting proper attention for its money. And where is the average citizen most likely to go for eye examination? To the kind of optometrists covered in our investigation. There are many times more optometrists than oculists. In their own promotional literature the optometrists say that they prescribe three fourths of the glasses used in the United States. The paths to their doors are well marked with newspaper advertisements, neon signs, shop window displays, huge spectacles hung over the sidewalk. Our investigators followed the paths most trodden by the public.

The organized optometrists are prosecuting an intensive campaign for public attention. One of their official leaflets states boldly: "The modern optometrist is a specialist

---

<sup>1</sup> Optometry is literally the science of measuring the eye. An optometrist is not an M.D. He is allowed by law to test eyesight and prescribe glasses, but not to use drugs or to operate. An oculist, or ophthalmologist, is a graduate physician who specializes in the eye. He may examine it, prescribe glasses for it, and treat all its troubles.

to consult about all eye conditions." If, following that advice, we go to an optometrist and get an ineffective examination, but a highly effective dose of commercial salesmanship, what are we to think of optometry?

Let us hear what Dr. D. R. Paine, of the Executive Council of the American Academy of Optometry, says on this point:

Throughout the past 30 years, during which time both commercial and professional optometry have carried on under the same title, the growth of the professional group with its advanced education and improved standards of practice has not stifled the expansion of the commercial racketeers whose tentacles penetrate every city and hamlet of any size throughout our nation.

Remarking that "we cannot point with pride to our title Optometry because of its perversion by these commercial exploiters," Dr. Paine adds that optometrists cannot long endure as professionals if they continue "marching as mongrels under a mixed banner." He suggests that optometrists bring to public notice "the hazardous practices and insidious evils of the vast army of unqualified, unprogressive 'glass fitters' who are more interested in selling glasses than in skilfully diagnosing eye needs."

Says an editorial in organized optometry's official journal: "The

number of professional optometrists practicing in a professional environment and presenting a creditable picture of the profession of Optometry, is pitifully small."

Thus speaks the better element in optometry. How large is that element? My own estimate is that at least 10 percent of optometrists are men of scientific outlook, conscience, and high professional standards, whose refractive work ranks well with that of the good oculist, and ahead of that of the average oculist. But what of the great majority of optometrists? Their standards must be raised if the public is to have adequate eye care.

To this end two things seem essential — and with these demands many responsible leaders in optometry will agree:

1. A further improvement in optometric education.
2. Abandonment by optometry of the sale of spectacles as a business and the offering of professional skill, for a fee, instead.

What are the facts about the education of optometrists?

Some are graduates of modern schools, some are graduates of extinct or inferior schools, some are graduates of no schools at all, but picked up optometry as they went along. A dozen years ago, the International Board of Boards of Optometry found a total of 30 American optometric schools, but

considered only 16 even worthy of inspection. Higher requirements under state optometry laws have by now reduced the number of recognized schools to eight. Of late these schools have been turning out about 300 graduates every year. There are about 15,000 optometrists now in active practice. On the face of the figures, the graduates of the better schools must be in the minority.

Let us look at these better schools. Unlike medicine, optometry is a strictly undergraduate study. When the optometrist finishes his formal training, the medical student is usually just beginning his. Of those schools whose graduates are qualified to take state license examinations, only three are affiliated with recognized universities. None but the graduates of these three are eligible for examination in New York State, where the educational requirements have been considered a model.

The investigation reported in the first article showed many optometrists failing to recognize, in the eye, symptoms of pathological conditions. Their training for this is insufficient, and perhaps as a consequence they underestimate its importance. Two state associations, in their promotional literature, say that less than one percent of those examined for glasses have eye disease. The true percentage is certainly much higher.

If we are to consult the modern

optometrist "about all eye conditions" it is absolutely essential that optometrists be able to recognize pathological symptoms. How they can get the necessary training except from physicians is difficult to see, yet physicians are not eager to coöperate with optometrists, and are scarce on the faculties of their schools.

In any case, are young men and women of 22 mature enough to give semi-medical attention to one of our most sensitive and delicate organs? Four years after they leave high school, have they the cultural and factual background necessary to deal with the health problems of other human beings?

And what of the caliber of men who are entering optometry? On this point, few familiar with the situation would question the statement of an optometrist in the *Journal of the New York State Optometric Association*: "There has been a general letdown in the morale of the recent graduates as a group. . . . A decline in the professional ideals is clearly visible in the mass of practitioners who are entering the profession."

Furthermore a large fraction of optometry has had little formal training — or none at all. When the various state optometry laws went into effect from 1901 to 1924, optometrists already practicing were permitted to carry on without examination. Some of them, through extension courses which

are increasing in number, have kept abreast of the times; others are still fitting glasses by model-T methods. When one state board required optometrists to make more thorough tests of patients' eyes, optical manufacturers reported a flood of orders for equipment which these optometrists should have had long before.

Individual optometrists who assailed the findings of the first article assert that their training is quite sufficient. If it is, why does the American Optometric Association's Council on Education and Guidance recommend for the future "a pre-professional college program, not to exceed in length that of the allied professions, *to be followed by a professional course of four years, for which a professional doctorate degree shall be granted*"?

Which brings up the question of optometrists calling themselves "Doctor." It is significant that none of the schools affiliated with universities confers such a degree. Others grant an "O.D." or an "Opt.D." Some states specifically forbid the use of the title "Doctor." Some optometrists say that the greatest mistake their profession made was to appropriate it. They have laid themselves open to the accusation that they want to be called "Doctor" as a shortcut to prestige which their education and skill do not always warrant.

Several thousand of them have wanted the title so badly that they

have paid \$50 to one correspondence school and "diploma mill" for a 90-day course (recognized by no state board), leading to the degree of "Doctor of Optometry" in the form of an "engraved diploma, 15 x 19 inches," which "proves a valuable addition to an optometrist's office."

From optometry's educational status, let us turn to the commercialism which is rampant within its ranks. Of this, J. Fred Andreae, Secretary of the American Academy of Optometry, writes:

The discriminating layman (or discriminating optometrist) would not patronize a dentist who practiced in a store and had a window filled with samples of teeth and bridgework, a large overhead sign, and maybe a pricetag on each article displayed. Nor would they seek the services of a physician who advertised special prices for appendectomies with a store window displaying medicines and surgical instruments. . . . Optometrists conducting a store practice fail to make a comparison. Is it any wonder we find it practically impossible to convince the legislatures and courts that optometry is a profession, when our own ranks present such a picture to public view?

The Code of Ethics of the American Optometric Association requires a member to refrain from advertising "except that permitted by the code of ethics of his state association." And how about the

ethics of the optical chain stores, department stores, or jewelry stores which lease to or hire optometrists? It is through the advertisements of such stores and of individual commercial optometrists that the average citizen is introduced to optometry. Their advertising is often on its face a red flag of warning. "Free examination," "easy payments," "glasses on credit" abound in their copy.

The American Optometric Association under the leadership of President Harry E. Pine deserves public support in its fight against such practices. The Association last year went on record for "the divorcement of the practice of optometry from any business," and urged practitioners to remove all semblance of commercialism from their places of practice. "Professionalize or die" became Dr. Pine's watchword.

Repeatedly organized optometry has endeavored, in the legislatures and courts, to stamp out "corporate practice," and often the corporations have won. The owners of chain optical stores and leased optometric departments are of course concerned mainly with profit. They hire optometrists on salary, often setting a sales quota which the hireling must live up to or lose his job. Thus he is encouraged to sell glasses to every customer, whether needed or not.

This so-called "corporate practice" of optometry is still carried

on in 36 states. It is difficult to see why public patience has tolerated it so long. In many states, moreover, it is legal to lure the customer with "price-bait" advertising, which was recently exposed in Pittsburgh. The customer walks into a store because he has read in the paper that he can get glasses for \$5 "complete, with examination, no matter how complicated your prescription may be." The Better Business Bureau of Pittsburgh put shoppers on the "price-bait" trail for weeks. In store after store, the optometrists used one subterfuge after another to prevent the customer from getting glasses at the price advertised. They tried to force the purchase of glasses costing \$10 to \$20. As one optometrist admitted, these bargains in glasses are advertised just to draw in people to buy something much more expensive.

Even when—as in Pennsylvania now—price-bait advertising is illegal, objectionable ballyhoo of glasses prescribed by optometrists continues in newspaper advertisements. And even outside of the optical stores, among otherwise conscientious optometrists, advertising survives from the days when spectacle fitting was more frankly a trade.

The genuine professional optometrist does not advertise. Both his code of ethics and office scenery are indistinguishable from the reputable physician's.

Yet it is hard, in optometry, to draw a sharp distinction between the commercial and the professional spirit. Dr. Harry Pine, president of the American Optometric Association, preaches "Professionalize or die." Meanwhile, Dr. Walter F. Kimball, Director of the A. O. A.'s Department of Public Information, writes in the *Journal of the New York State Optometric Association* "A Christmas Thought," from which these excerpts come:

Our men have always considered the holidays "slack season." Perhaps our cash registers do not ring as often as the merchant's but certainly it need not be a do nothing season. It is a time when perfectly legitimate publicity may come our way. . . . A good publicist must be ready to take advantage of every chance offered.

When you are not swamped with appointments is the time for groups to offer, through the newspaper columns, to make visual acuity tests for the school children. Maintain certain hours for clinics and arrange it for a place where people can't miss seeing it . . . mail the result to the parents. Prorate the expense of mailing and charge it to publicity. You'll get it back.

. . . By conferring with the teachers it is possible to get a list of needy students who definitely indicate the need of eye care. . . . Above all, *dramatize* what you do. . . . Don't just call up a teacher and ask her who in her class needs

glasses. Have a consultation of teachers. Explain the value of what the group is doing in this clinic . . . that you as a group can only furnish material for a few of the worst cases. . . .

Tell all this to your friend the reporter. If you have purchased space for the announcement of the clinic, and taken pains to enlighten the editor on your desire to "do a bit of community service" and why you selected the Christmas season, you will get all needed space for added reportings.

You have actually built up a news story. Not ethical? Don't be silly. . . . The build-up is no more than the dentist does with his white coat; than the manufacturer does with his radio program. . . . Focus the spotlight on optometrists and show the world what manner of men we be.

Aside from the question of publicity seeking, the facts as to commercialism in optometry cannot be side-stepped. At its most obvious points of contact with the public, optometry is branded with the dollar sign. Indeed, its economic foundation is the selling of glasses. It is significant that optometrists advertising for positions in a trade magazine repeatedly include in their list of qualifications the phrase "expert salesman." As long as the bulk of optometrists remain spectacle merchants, listening for the ring of the cash register, they will be open to the temptation of selling us more glasses than we need.

We have, then, as guardians of our eyesight, these elements: within optometry, an ethical, progressive and competent minority, many of them in positions of influence; and we have the cash-register-minded majority. We have also the oculists, who are members of the medical profession.

To say, as optometrists do when charged with commercialism, that the oculists are just as bad — that a majority of oculists get a rake-off from the optician on the glasses prescribed — is probably true. But it is no answer at all. Both the pot and kettle may be equally black. But the optometrists are the big kettle, prescribing the great bulk of glasses. The fee-splitting oculist has no right to decry the optometrists' commercialism. The public has a quarrel with both.

The attitude of the oculists toward optometry is rooted in the latter's history. Before 1901, there were, legally, no optometrists. The men who later became optometrists worked in optical shops, fitted glasses, and called themselves "refracting opticians." Their ambition for a professional status brought them into conflict with organized medicine.

But eventually optometry laws were passed in every state, mainly because the optometrists were filling a definite need. There weren't, and still aren't, enough oculists. An eminent ophthalmologist, Dr. Walter B. Lancaster of Boston,

said nine years ago that "to the public both optometrist and eye physician are a necessity." This is all true today.

But since optometry has now demonstrated that it can perform certain necessary services neglected by the doctors, the latter, with the obstinate conservatism which one finds throughout medical history, are only intensifying their opposition. In 1935 the section of ophthalmology of the American Medical Association passed a resolution declaring it unethical for its members to give instruction to or consult with optometrists. This edict deprived optometrists of instruction which they badly need, and caused the medical men to shun a profession from which many of them have much to learn.

There is a parallel to all this in the history of the dentists. A century ago the tooth-pulling blacksmith and the tramp dentist were strenuously opposed by physicians, who declared that only those with medical training should be allowed to extract teeth. Gradually, schools of dentistry were established by leading universities; requirements were stepped up until their alumni were qualified to receive the degree of Doctor of Dentistry. And today the soundly established dental profession and the medical men work in harmony. Why cannot the solution of the optometry problem be similar?

Meanwhile, you ask, what are

you to do when your eyes trouble you? You can only pick your eye specialist as you would a physician or dentist — by diligent local inquiry to determine his reputation for skill and integrity.

And also remember this: That optometrists who use blatant advertising, who fill their shop windows with show cards and scare copy about your sight and health; who flaunt neon signs, who offer free examinations, bargain prices, easy terms; who tempt you with "the latest and smartest in frames;" who work in shops or large stores selling all sorts of merchandise —

these are condemned by their own ethical and competent colleagues in optometry. The latter deserve your support.

For the immediate future, the public, whose eyesight is at stake in all this, may fairly demand these things:

*That the optometrists raise their standards and drive out all commercialism from their ranks; that they and the oculists try to settle their differences, stop quarreling about jurisdiction over the human eye, and seek to coöperate in working out a program primarily for the public's good.*



### How Allah Fought for Britain

AT THE most critical period of Colonel T. E. Lawrence's campaign in Arabia, he asked the British Government to send out some magicians familiar with Arab customs, to travel among the tribes as wandering Holy Men performing big magic, gaining a great reputation — and prophesying the defeat of the Turks.

Five magicians were sent him. Two of them were swallowed up by the desert. No one ever knew what happened to them. The other three — two Arabs and an Englishman — posing as ascetic Marabouts who refused all rewards, moved to and fro over the desert, foretelling the

defeat of Turkey and gaining credence for this greater fact by prophesying all sorts of minor military affairs which invariably happened — Lawrence saw to it that they had advance news.

Gradually the Turks found their Arab allies deserting them. Trouble prophesied for certain waverers who persisted in supporting the Turks always descended on them — Allah (or Lawrence) saw to that. Eventually it became so painfully clear that the "Holy Men" were right and Allah fought on the side of the Allies that the Turks lost all Arab support, and Lawrence gained it.

— Jasper Maskelyne, *White Magic*  
(Stanley Paul & Co., Ltd.)

## PAMPHLET BINDERS

1525

This is No. \_\_\_\_\_

also carried in stock in the following sizes

	HIGH	WIDE	THICKNESS		HIGH	WIDE	THICKNESS
1523	9 inches	7 inches	½ inch	1527	10½ inches	7¾ inches	½ inch
1524	10 "	7 "	"	1528	11 "	8 "	"
1525	9 "	6 "	"	1529	12 "	10 "	"
1526	9¾ "	7½ "	"	1530	12 "	9½ "	"

Other sizes made to order.

MANUFACTURED BY

LIBRARY BUREAU

